

Case Number:	CM14-0034655		
Date Assigned:	06/20/2014	Date of Injury:	10/13/2004
Decision Date:	07/24/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/20/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 64-year old female who was injured on 10/13/2004. The mechanism of injury is unknown. The patient underwent anterior disctomy and fusion, bilateral nerve root decompression at L4-L5 and L5-S1 on 07/02/2012. Prior medication history included Norco 10/325 mg, amitriptyline hydrochloride 25 mg, Neurontin 600 mg, oxycontin 20 mg, and Prilosec 20 mg. Visit note dated 02/26/2014 states, she continues to have shooting pain up her right arm and right hand. She was noted to be trying a home exercise program but she felt her hand was not improving. She has pain in her forearm. On exam, neck range of motion is painful with flexion beyond 35 degrees and extension beyond 10 degrees, paravertebral muscles are normal, all lower extremity reflexes are equal and symmetric, Babinski's sign is negative, her heel and toe walk are not normal, straight leg raise is negative, Wadell's sign is negative, there is tenderness to palpation at the knee, there is no joint effusion and distal and proximal pulses are palpable, apply's distraction test is negative, McMurray's test is negative, there is decreased sensation bilateral hands/fingers, tenderness to right forearm muscles, and finally she has decreased strength in both hands. Diagnoses are lumbago, thoracic or lumbosacral neuritis or radiculitis, cervical spondylosis without myelopathy and cervicalgia. The patient has been recommended to continue home stretching, oxycontin CR 20 mg #60, Elavil 25 mg #60, Prilosec 20 mg #60. An Opioid agreement, CURES/PAR reports, yearly LFTs and random toxicology screens are performed to monitor compliance. Tapering is not indicated as the patient continues to show improvement. Prior utilization review dated 03/14/2014 states the request for Prescription of Oxycodone 5mg, #150 has been modified to Oxycodone 5 mg #135 between 02/26/2014 and 05/09/2014; Prescription of Elavil 25mg #60 has been modified to Elavil 25 mg #45 between 02/16/2014 and 05/09/2014; Prescription of Prilosec 20mg, #60 is not certified as medical necessity has not been established as there is no documented evidence suggestive of GI

complaints; and Prescription of Lidoderm 5% patch, #30 is not certified as medical necessity has not been proven.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Prescription of Oxycodone 5mg, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient has been treated with Oxycodone since at least March 2011. Most recent documentation noted that the patient had continued symptoms with little to no improvements. The Chronic Pain Medical Treatment Guidelines do not recommend continued opioid use unless there is continued documented evidence of objective pain and functional improvement, which in this case has now stopped. Therefore, Oxycodone is not medically necessary.

Prescription of Elavil 25mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline, tricyclic antidepressant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: Chronic Pain Medical Treatment Guidelines note for Elavil is recommended for neuropathic pain unless it is ineffective. The supporting documentation revealed the patient's symptoms were increasing which would indicate the medication is not effective. Abrupt cessation of antidepressants is not recommended by the evidence, therefore, prescription of Elavil 25mg, #60 is not medically necessary.

Prescription of Prilosec 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines Prilosec is a proton pump inhibitor, which may be used for managing gastroesophageal reflux disease and conditions that cause excess stomach acid and the most recent documentation pertaining to this

patient did not reveal subjective findings of gastrointestinal symptoms or complaints. The patient discontinued Norco, which contains the non steroidal anti-inflammatory acetaminophen, she is not taking medication that would cause an increase in excess stomach acid nor are there subjective findings of gastrointestinal symptoms or complaints, therefore, prescription of Prilosec 20mg, #60 is not medically necessary.

Prescription of Lidoderm 5% patch, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Chronic Pain Medical Treatment Guidelines do not recommend Lidoderm for treating chronic neuropathic pain disorders other than post-herpetic neuralgia, which is not supported in the documentation provided for this patient. Based on the guidelines and clinical findings the prescription of Lidoderm 5% patch, #30 is not medically necessary.